

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

1999

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90195 006 \*\*\*150.00

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**DOCUMENT # S23944**

1. Corporation Name

**THE NEW GENERATION DAY CARE, INC.**

Principal Place of Business

5202 W FLAGLER ST  
MIAMI FL 33134  
US

Mailing Address

5202 W FLAGLER ST  
MIAMI FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1991

4. FEI Number

65-0295112

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTOS, HECTOR V.  
10305 SW 38TH TERRACE  
MIAMI FL 33165

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☐ DELETE

NAME SANTOS, MARIA P.  
STREET ADDRESS 10305 SW 38TH TERRACE  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VT ☐ DELETE

NAME SANTOS, HECTOR V.  
STREET ADDRESS 10305 SW 38TH TERRACE  
CITY-ST-ZIP MIAMI FL

1.2 NAME ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME SANTOS, MONICA  
STREET ADDRESS 10305 SW 38TH TERRACE  
CITY-ST-ZIP MIAMI FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)